



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH DYER

City of Hospital: Dyer

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Amy Solomon

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Medicare Provider Number: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$267206942
Outpatient Patient Service Revenue	\$320106571
Total Gross Patient Service Revenue	\$587313513

2. Deductions From Revenue

Contractual Allowance	\$402785163
Other Deductions	\$1803759
Total Deductions	\$404588922

3. Total Operating Revenue

Net Patient Service Revenue	\$182724591
Other Operating Revenue	\$2430160
Total Operating Revenue	\$185154751

4. Operating Expenses

Salaries and Wages	\$70575816	Employee Benefits	\$18959546
Depreciation and Amortization	\$8533346	Interest Expense	\$6381605
Bad Debt	\$776583	Other Expenses	\$72702588
Total Operating Expenses	\$177929484		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7225267	Total Assets	\$228302314
Net Non-operating Gains over Loss	\$-120481	Total Liabilities	\$67319032

Total Net Gains	\$7104786
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$267534581	\$197998919	\$69535662
Medicaid	\$85146253	\$65351627	\$19794626
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$234632677	\$141238375	\$93394302
Total	\$587313511	\$404588921	\$182724590

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$5984	\$11649	\$-5665

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$247521	\$-247521
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$22313	\$-22313

Number of Medical Professionals Trained	240
Number of Hospital Patients Educated	237497
Number of Citizens Exposed to Health Education Messages	4244

Statement Six: Charity Statement

Hospital Charity Charges	\$14198748
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4107190	
HCI Payments	\$0		
Subtotal	\$0	\$4107190	\$-4107190
Medicaid Shortfalls	\$16190765	\$25327828	
Subtotal	\$16190765	\$29435018	\$-13244253
DSH Payments	\$0		
Subtotal	\$16190765	\$29435018	\$-13244253
Medicare Shortfalls	\$49183945	\$73884192	
Other Government Programs	\$0	\$0	
Total	\$65374710	\$103319210	\$-37944500

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$280098	\$-280098
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-41794	\$41794
Other Allocations	\$0	\$0	\$0

Comments

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